



Dear Homeowner:

We are glad you took that tough first step and contacted us about your mortgage. We understand how hard that was to do and promise to work with you to find a resolution to your situation.

To help us help you, please fill out as much as you can on the attached worksheet. Pay careful attention to the "Living Expenses" section and be as accurate as you can. This information is the key element of resolving your financial situation. If there are questions or information you don't understand, that's ok. Do your best with it and we will go through the rest of it together.

You will find there is an emphasis on being truthful. We can't help with a resolution unless we have a complete and accurate picture of your situation. **A plan based on half-truths is certain to fail.**

Return your completed application and copies (not originals) of the following documents* in this order
(Be sure to write your loan number at the top of each page)

- ☐ **Property information:**
 - Copy of your Deed of Trust and/or Mortgage Note
 - Current Property Tax Bill
 - Property Insurance Statement/Bill (Homeowner's Insurance Declarations Page)
- ☐ **Mortgage Information:**
 - Current Mortgage Statement / Bill
 - Hardship Letter (Explaining the situation)
 - Notice of Default and any correspondence from the mortgage company or its attorney, even if it's unopened
- ☐ **Income & Asset Information:**
 - Banks Statements (all pages) for past two (2) months (*all accounts, including 401k*)
 - Paycheck stubs for the past two (2) months (*all jobs*)
 - 1040 & 540 Tax Returns for past two (2) years (*include all schedules*), W-2's, 1099's etc.
- ☐ **Debt Information:**
 - Bills and statements for all expenses (most recent) of credit cards and other loans.
 - Current Utility Bills (PGE, Water & Garbage, home & cell phone, Cable, car insurance, etc.)

****See next page for a complete description of each document***

You don't need an appointment to drop off the application with the supporting documentation. We will call you to schedule your first appointment. Please arrive on time. Many other families are in the same position as you and the demand for our services is high. We often have appointments back to back. If you arrive late, we will only be able to work with you for the remaining time of your appointment. You can reach us at (510) 237-6459.

You have taken the first step to resolving your situation. We look forward to working with you.

Sincerely,
NHS of the Eastbay

DOCUMENTS REQUESTED

(We will only accept copies—no originals!)

- **Mortgage Note and/or Deed of Trust** – Find the loan documents given to you by your mortgage or title company when you bought your home or your most recent refinance transaction. Look for the document titled “DEED OF TRUST” and copy all of the pages. (If it says at the bottom Page 1 of 15, we need all 15 pages.) Also attach any of these documents that you find in your paperwork:

<input type="checkbox"/> Adjustable Rate Rider	<input type="checkbox"/> Condominium Rider	<input type="checkbox"/> Second Home Rider
<input type="checkbox"/> Balloon Rider	<input type="checkbox"/> Planned Unit Development Rider	
<input type="checkbox"/> Family Rider	<input type="checkbox"/> VA Rider	<input type="checkbox"/> Biweekly Payment Rider
<input type="checkbox"/> Other(s) [specify] _____		
- **Property Tax Bill** – Please include a copy of your most recent property tax bill. If it is included in your escrow payment, just make a notation letting us know.
- **Property Insurance Statement** – Please include a copy of your Homeowner’s Insurance Declarations Page.
- **Mortgage Statement** – Please include a copy of your most recent mortgage statement. This is the monthly payment you make for your mortgage.
- **Hardship Letter** - Please address your hardship letter to your lender. State the nature of your current situation, when it began, how long will last, how you plan to work it out and what assistance from your lender is needed. Keep in mind that decreasing value of a property is not a hardship!
- **Bank Statements** - 2 months most recent bank statements – complete with all pages, even if page is blank or information not relevant to account. Also we must have the actual monthly statement that you receive from your bank either by regular mail or electronically--the transaction history print out from your account’s website is not sufficient.
- **Paycheck Stubs** - If employed, please provide 60 days most recent paystubs with YTD (Year-To-Date) information, for all borrowers. (If paid weekly, please send the 8 most recent, consecutive paystubs; if paid bi-weekly/semi-monthly please send the 4 most recent, consecutive paystubs; if paid monthly, please send the 2 most recent, consecutive paystubs.) If self employed, please provide YTD (Year-To-Date) profit & loss report. If you have a rental income, please provide the completed REO (Real Estate Own) form, along with the rental agreement and proof of rental income that has been deposited in your bank account.
- **Income Tax Return** – Please provide copies of your income tax returns for the most recent two years (all schedules) and W-2’s, 1099’s or any documents supporting your return for the same years.
- **Bills** – Please provide copies of most recent bills and statements for ALL debts, credit cards and other loans.
- **Utility Bills** – Please provide copies of most recent utility bills (electric/gas, water/sewer, cell/home phone, cable/satellite services (bundles), car, life and other insurance, etc.)

Remember all of the documents requested above are mandatory. If any of them are missing, your case will be delayed. We also want to let you know that every time that we request missing/additional documentation and you don’t promptly return this information to us, we will then need to update all the other documents already in your file. We can not submit loan modification packages with paycheck stubs and bank statements older than 60 days because it will be discarded by your lender. Remember to update your file if something in your current situation changes.

See attached samples of forms. You may adjust them to your own situation: P&L; REO



2320 Cutting Boulevard
Richmond, CA 94804
Tel. 510.237.6459
Fax 510.237.6482
Email: info@richmondnhs.org

Today's Date: ____/____/____

POST-PURCHASE COUNSELING SERVICE REQUEST

☐ **Mortgage Delinquency and Default Resolution Counseling** ☐ **Other** _____

APPLICANT <i>Please Print Clearly</i>		CO-APPLICANT <i>Please Print Clearly</i>	
<input type="checkbox"/> Female <input type="checkbox"/> Male Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		<input type="checkbox"/> Female <input type="checkbox"/> Male Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Last Name, First Name _____		Last Name, First Name _____	
Social Security #: _____		Social Security #: _____	
Date of Birth: ____/____/____		Date of Birth: ____/____/____	
Address: _____		Address: _____	
City, State, Zip Code _____		City, State, Zip Code _____	
How Long At This Address: ____ years ____ months		How Long At This Address: ____ years ____ months	
Email Address: _____ Preferred ()		Email Address: _____ Preferred ()	
Daytime Phone Number () Work () Home () Mobile Preferred ()		Daytime Phone Number () Work () Home () Mobile Preferred ()	
Evening Phone Number () Work () Home () Mobile Preferred ()		Evening Phone Number () Work () Home () Mobile Preferred ()	
Estimated Annual Income \$ _____		Estimated Annual Income \$ _____	
Family Composition & Marital Status <i>Check all that apply</i>		Family Composition & Marital Status <i>Check all that apply</i>	
() Single () Married () Divorced () Separated () Widow/er		() Single () Married () Divorced () Separated () Widow/er	
() Head of Household () Two or more un-related adults		() Head of Household () Two or more un-related adults	
Race / Ethnicity <i>Check all that apply</i>		Race / Ethnicity <i>Check all that apply</i>	
<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other <input type="checkbox"/> White, not of Hispanic origin ~~~~~ <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> US Citizen <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Hispanic <input type="checkbox"/> Foreign Born		<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other <input type="checkbox"/> White, not of Hispanic origin ~~~~~ <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> US Citizen <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Hispanic <input type="checkbox"/> Foreign Born	
Education & Special Needs <i>Check all that apply</i>		Education & Special Needs <i>Check all that apply</i>	
<input type="checkbox"/> Below High School Diploma <input type="checkbox"/> Disabled <input type="checkbox"/> HS Diploma or Equivalent <input type="checkbox"/> Veteran <input type="checkbox"/> Some College (2 – 3 years) <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Primary language: _____ <input type="checkbox"/> Master's Degree <input type="checkbox"/> Above Master's Degree		<input type="checkbox"/> Below High School Diploma <input type="checkbox"/> Disabled <input type="checkbox"/> HS Diploma or Equivalent <input type="checkbox"/> Veteran <input type="checkbox"/> Some College (2 – 3 years) <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Primary language: _____ <input type="checkbox"/> Master's Degree <input type="checkbox"/> Above Master's Degree	
Current Housing <i>Check all that apply</i>		Household Composition	
<input type="checkbox"/> Rent <input type="checkbox"/> Homeowner <input type="checkbox"/> Section 8 / Public Housing <input type="checkbox"/> with Mortgage <input type="checkbox"/> Living with Family/Friends (not paying rent) <input type="checkbox"/> Mortgage Paid off <input type="checkbox"/> Homeless <input type="checkbox"/> Predatory Lending Victim <input type="checkbox"/> Other: _____		<input type="checkbox"/> Dependents <input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____ <input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____ <input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____ <input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____ <input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____ <input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____ Total in Household: _____	

Tell Us About Your Home (Check all that apply)					
<input type="checkbox"/> I live in this house	<input type="checkbox"/> This is a second house	<input type="checkbox"/> This is a rental property Monthly rent: \$ _____	<input type="checkbox"/> This house is vacant		
Full Property Address:					
Original Purchase Price	\$ _____	Amount Owed (Total)	\$ _____		
Year Purchased		How many times have you refi?			
Amount of Down Payment:	\$ _____	Year Last Refinanced			
Year Built / Age of Home		Total amount of cash out	\$ _____		
Tell Us About Your Loans and Home Obligations					
What is the <u>Primary</u> reason for your Default or Mortgage Trouble? (Choose One)					
<input type="checkbox"/> Reduction in Income <input type="checkbox"/> Loss of Income <input type="checkbox"/> Failed Business Venture <input type="checkbox"/> Medical issues <input type="checkbox"/> Lack of Budget <input type="checkbox"/> Increase in Expense <input type="checkbox"/> Loss of Home Value <input type="checkbox"/> Divorce / Separation <input type="checkbox"/> Rate Adjustment / Increased payment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Death of Family member					
What kind of documentation was required when obtaining your current loan?					
<input type="checkbox"/> Full Documentation <input type="checkbox"/> No Documentation <input type="checkbox"/> Stated Income <input type="checkbox"/> Don't Recall / Don't Know <input type="checkbox"/> Low Documentation					
Current Lender & Loan Number(s)	# Missed Payments	Rate / Term / Adjustment Date	Balance	Monthly Payment	
	<input type="checkbox"/> Current <input type="checkbox"/> 1 -2 missed <input type="checkbox"/> 3 - 4 missed <input type="checkbox"/> 5 or more Date last Paid: _____	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> I/O <input type="checkbox"/> Hybrid <input type="checkbox"/> 3/27 <input type="checkbox"/> 2/28 <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Private Rate: _____ Date to Adjust: _____	\$ _____	\$ _____	
Loan #			If ARM, has the interest rate already reset? <input type="checkbox"/> Y <input type="checkbox"/> N - Has lender provided previous workout? <input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Current <input type="checkbox"/> 1 -2 missed <input type="checkbox"/> 3 - 4 missed <input type="checkbox"/> 5 or more Date last Paid: _____	<input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> I/O <input type="checkbox"/> Hybrid <input type="checkbox"/> 3/27 <input type="checkbox"/> 2/28 <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Private Rate: _____ Date to Adjust: _____	\$ _____	\$ _____	
Loan #			If ARM, has the interest rate already reset? <input type="checkbox"/> Y <input type="checkbox"/> N - Has lender provided previous workout? <input type="checkbox"/> Y <input type="checkbox"/> N		
Property Taxes	Escrowed? <input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Late Date Last Paid: _____	\$ _____	\$ _____	
Home Insurance	Escrowed? <input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Late Date Last Paid: _____	\$ _____	\$ _____	
Homeowners Association (HOA)		<input type="checkbox"/> Current <input type="checkbox"/> Late Date Last Paid: _____	\$ _____	\$ _____	
Tell us about any late payments or bankruptcy		Applicant	Co-Applicant		
Are you currently in Chapter 7 or 13 Bankruptcy?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 7 <input type="checkbox"/> 13	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 7 <input type="checkbox"/> 13		
If yes, when did it begin?		____/____/____ Case# _____	____/____/____ Case# _____		
If yes, when will it be paid out?		____/____/____	____/____/____		
When was it discharged?		____/____/____	____/____/____		
DEBT, CREDIT & LIABILITIES		Applicant		Co-Applicant	
List all debt payments like credit cards, car payments, student loans, not regular household bills . Attach additional sheets if needed. Lender Name		Minimum Monthly Payment	Late	Balance Owed	
Car Payment		\$ _____	<input type="checkbox"/>	\$ _____	\$ _____
Student Loan		\$ _____	<input type="checkbox"/>	\$ _____	\$ _____
Credit Card		\$ _____	<input type="checkbox"/>	\$ _____	\$ _____
Credit Card		\$ _____	<input type="checkbox"/>	\$ _____	\$ _____
Alimony/Child Supt		\$ _____	<input type="checkbox"/>	\$ _____	\$ _____
Installment loan		\$ _____	<input type="checkbox"/>	\$ _____	\$ _____
Other Mortgage:		\$ _____	<input type="checkbox"/>	\$ _____	\$ _____

Tell Us About Your Assets / Cash on Hand	Bank / Institution	Applicant	Co-Applicant
Checking Account(s)		\$	\$
Savings Account(s)		\$	\$
Mutual Funds, Stocks, Bonds		\$	\$
Retirement Funds		\$	\$
Cash Value of Life Insurance Policies		\$	\$
Other Assets		\$	\$
TOTAL CASH AND ASSETS		\$	\$
COMBINED HOUSEHOLD ASSETS (Applicant + Co-Applicant)			\$
If you expect to receive additional funds (e.g., tax refund, settlement, property sales, etc.) indicate the amount here			\$

Tell Us About Your Job / Employment	Applicant	Co-Applicant
Current Employer (Name, Address, Phone Number)		
Title		
Hire Date / Years on Job	/ / ____ yrs	/ / ____ yrs
Other Current Employer OR Former Employer (If Current less than 2 years)		
Title		
Hire Date / Years on Job	/ / ____ yrs	/ / ____ yrs

How did you learn about us?		(Check all that apply)	
<input type="checkbox"/> Friend / Family <input type="checkbox"/> NHS Board Member <input type="checkbox"/> NHS Client <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Newspaper	<input type="checkbox"/> HOPE line <input type="checkbox"/> Seminar <input type="checkbox"/> Internet <input type="checkbox"/> Lender / Bank <input type="checkbox"/> Realtor <input type="checkbox"/> City Government	<input type="checkbox"/> County Government <input type="checkbox"/> Other: _____	<input type="checkbox"/> HUD / Fannie Mae <input type="checkbox"/> RHA
		<i>For office use only</i> Client Intake# _____ Assigned to: _____ Credit Score: TU [_____] Exp [_____] Eq [_____] <input type="checkbox"/> Tri-Merge Funded by: [] HPF [] NFMC [] HUD [] RHA [] NHS [] NHSA	

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. Preparing a household budget that will help you manage your debt, expenses, and savings. Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. Neither your counselor nor NHS employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> Completing the steps assigned to you in your Client Action Plan. Providing accurate information about your income, debts, expenses, credit, and employment. Attending meetings, returning calls, providing requested paperwork in a timely manner. Notifying NHS or your counselor when changing housing goal. Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<div style="border: 1px solid black; padding: 5px; width: 100px; float: left;"> / Initials </div>	Termination of Services: Failure to work cooperatively with your housing counselor and/or NHS will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.



2320 Cutting Boulevard
 Richmond, CA 94804
 Tel. 510.237.6459
 Fax 510.237.6482
 Email: info@eastbaynhs.org

Participant Budget

Tell Us About Your Regular Living Expenses	Applicant	Co-Applicant
Rent	\$	\$
Electric & Gas bill	\$	\$
Water / Sewer	\$	\$
Garbage	\$	\$
Home phone \$_____ / Cell phone \$_____	Total: \$:	Total: \$
Cable/Sat TV \$_____ / Internet \$_____	Total: \$	Total: \$
Alarm System	\$	\$
Food & Household items	\$	\$
New Clothing \$_____ / Dry Cleaning \$_____	Total: \$	Total: \$
Gas \$_____ / Maint. \$_____ / Toll \$_____	Total: \$	Total: \$
Auto ins \$_____ / Public transp. \$_____	Total: \$	Total: \$
Medical/ Dental/ Life ins pay out of payroll	\$	\$
Medical bill/ prescriptions	\$	\$
Ch care \$____ / Alimony \$____ / Ch Sup \$_____	Total: \$	Total: \$
School expenses	\$	\$
Uniforms	\$	\$
Newspaper/ subscriptions	\$	\$
Union dues pay out of payroll	\$	\$
Charity/ Tithe/ Gifts	\$	\$
	\$	\$
Car Loans payment	\$	\$
Credit Cards payments (list on a separate page)	\$	\$
Student Loans payment	\$	\$
Emergency funds	\$	\$
Savings	\$	\$
Misc	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
TOTAL LIVING EXPENSES	\$	\$
COMBINED HOUSEHOLD EXPENSES		\$



2320 Cutting Blvd.
Richmond, CA 94804
Phone: (510)237-6459
Fax: (510)237-6482

AUTHORIZATION AGREEMENT

I/we authorize Neighborhood Housing Services (NHS) and its counselors to:

- (a) Discuss and negotiate my loan application or mortgage status with my lender, attorney, trustee and/or title company;
- (b) Share statistical information about my transaction with NeighborWorks® America, HUD or other government and private non-profit entities funders in conformance with the privacy act; and,
- (c) Obtain my/our credit report to review my/our credit file for housing counseling in connection with my foreclosure case or credit counseling and for informational inquiry purposes;
- (d) I/ we give permission for NHS program administrators and/or their agents to follow-up with me the next three years for the purposes of program evaluation;
- (e) I/we understand that if East Bay NHS receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- (f) I/we acknowledge that I have received a copy of East Bay NHS's Privacy Policy & Disclosures

Authorization is further granted to NHS to use a photostatic copy of my/our signatures below, to obtain information regarding any of these items.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Name of Applicant (Please Print)

Name of Co-Applicant (Please Print)

Signature of Applicant Date

Signature of Co-Applicant Date

Social Security Number

Social Security Number

Lender

Loan #

Lender

Loan #

Lender

Loan #





PROGRAM DISCLOSURE

NOTE: If you have impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: Neighborhood Housing Services of the East Bay (NHS) is a nonprofit, HUD-approved comprehensive housing counseling agency with the following Programs: **Pre-purchase Counseling, Pre-purchase Workshops, Mortgage Delinquency and Default Resolution Counseling, Rental Housing Counseling.** We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.

Client and Counselor Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none">• Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.• Preparing a household budget that will help you manage your debt, expenses, and savings.• Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.• Neither your counselor nor NHS employees, agents, or directors may provide legal advice.	<ul style="list-style-type: none">• Completing the steps assigned to you in your Client Action Plan.• Providing accurate information about your income, debts, expenses, credit, and employment.• Attending meetings, returning calls, providing requested paperwork in a timely manner.• Notifying NHS or your counselor when changing housing goal.• Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<div><div>/</div><div>Initials</div></div>	Termination of Services: Failure to work cooperatively with your housing counselor and/or NHS will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

Agency Conduct: No NHS employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.


Agency Relationships: NHS has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, USDA Rural Development, the State of California, Richmond Redevelopment Agency: Mortgage Assistance Programs, BMR units, Richmond Housing Authority: Subsidized Housing, Section 8-to-Homeownership, Mixed-income developments, HOPE VI; Housing Rights Incorporated: a Fair Housing counseling and mediation (HUD-approved) that provides landlord-tenant, multi-language housing counseling.; Community Housing Development Corporation of North Richmond (HUD-approved counseling Agency and CHDO); Contra Costa County Redevelopment Agency: Emergency Repair Loans; Richmond Community Foundation / Sparkpoint; Foreclosure Prevention and credit counseling Programs; The Unity Council – Oakland (HUD-Approved housing counseling agency); Familias Unidas: a community-based organization dedicated to delivering quality counseling, advocacy, and information services, which include: mental health, education and prevention, youth development, and HIV/AIDS services to the multicultural communities of Contra Costa County; Office of U.S. Representative Mark

DeSaulnier (CD-7 Contra Costa); Office of Supervisor John Gioia (District #1 – Contra Costa County) and The Veterans Resource Program: Veteran temporary shelter and banks including Bank of America, Wells Fargo, and JP Morgan Chase. As a housing counseling program participant, you are not obligated to use the products and services of NHS or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: NHS has a first-time homebuyer program developed in partnership with several lenders. However, you are not obligated to participate in this or other NHS programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, and CAL HFA for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by NHS and its exclusive partners and affiliates.


Privacy Policy: I/we acknowledge that I/we received a copy of NHS's Privacy Policy.


 _____
Initials

Errors and Omissions and Disclaimer of Liability: I/we agree NHS, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in NHS counseling; and I hereby release and waive all claims of action against NHS and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, NHS, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with NHS grantors such as HUD.

I / We authorize NHS and its counselors to share statistical information about my transaction with HUD or other government and private non-profit entities funders in conformance with the privacy act.

 Client _____
Date _____

 Client _____
Date _____

I / We acknowledge that I / We received, reviewed, and agree to NHS's Program Disclosures and understand that NHS may receive fees or grants in connection with my transaction. I also acknowledge that I can request a list of current donors and that my counselor will disclose if there is a transaction-based grant or fee or other potential conflict related to the services I / We receive.

 Client _____
Date _____

 Client _____
Date _____



PRIVACY POLICY AND PRACTICES OF Eastbay Neighborhood Housing Services, Inc.

We at Eastbay Neighborhood Housing Services, Inc. - value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- ❖ Information that we receive from you on applications or other forms,
- ❖ Information about your transactions with us, our affiliates or others,
- ❖ Information we receive from a consumer reporting agency, and
- ❖ Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social Security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, Payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program Review, auditing, research and oversight purposes, organizations and institutions with affiliations to Section 8 programs.

We may also disclose personal information about you to third parties as permitted by law. Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).



If you wish to opt out of disclosures **to unaffiliated third parties** other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.



If you wish to opt out of disclosures **to nonprofit organizations** involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

☐

Box 1 - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

☐

Box 2 - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: _____

Address: _____

City: _____ State: CA Zip: _____

Phone Number: (____) ____ - _____

If you have checked any of the boxes above,
please mail this form in a stamped envelope to:

**Neighborhood Housing Services of the Eastbay
2320 Cutting Blvd., Richmond, CA 94804**

_____ Name	_____ Signature	_____ Date	_____ Name	_____ Signature	_____ Date
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Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

RELEASE: I hereby authorize Neighborhood Housing Services of the Eastbay to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

_____ Name	_____ Signature	_____ Date	_____ Name	_____ Signature	_____ Date
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